

REHAB: DIFFERENT STROKES FOR DIFFERENT FOLKS

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INDIANA STROKE PREVENTION TASK FORCE
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OBJECTIVES

- UNDERSTAND THE GOALS OF REHABILITATION
- DISCUSS THE STROKE REHABILITATION CONTINUUM OF CARE
- INCREASE KNOWLEDGE ABOUT THE CARF SPECIALTY ACCREDITATION FOR STROKE PROGRAMS

GOALS OF REHABILITATION

- PROVIDE TRAINING FOR MAXIMUM RECOVERY
- PREVENT AND TREAT COMORBID CONDITIONS
- ENHANCE PSYCHOSOCIAL COPING
- PROMOTE REINTEGRATION INTO THE COMMUNITY
- PREVENT RECURRENT STROKES AND OTHER VASCULAR EVENTS
- IMPROVE QUALITY OF LIFE

TYPES OF DISABILITIES

- Physical
- Sensory
- Language
- Thinking and Memory
- Emotional
- Relationships and Intimacy
- Vocational/Avocational
- Community Re-Entry

FOLK #1



- 70 year old
- Acute right cerebellar CVA
- Independent prior to Stroke; driving
- Healthy spouse and supportive daughter
- Current function: Maximal assistance with ADL's and transfers; no ambulation yet; aphasic; alert and oriented x 2; foley; on oxygen; swallowing problems

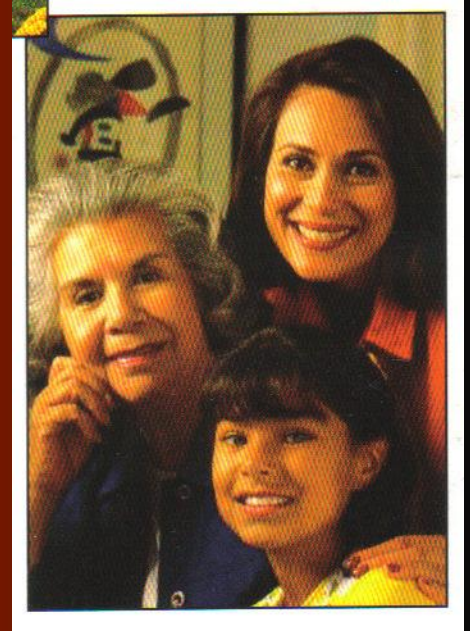
FOLK # 2



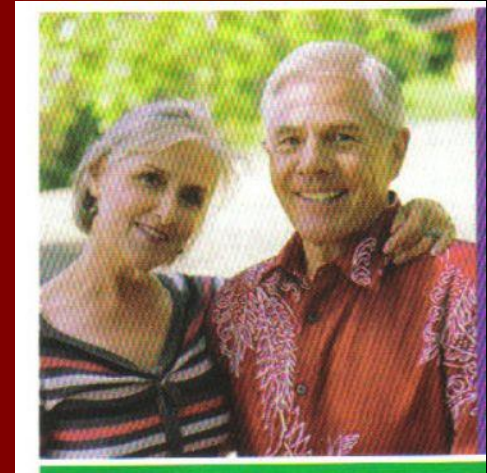
- 80 year old
- Acute left middle cerebral artery CVA
- Independent dressing prior to Stroke; used rolling walker in apartment; wheelchair in the community; not driving; assist with medication management and finances; home oxygen; short term memory loss
- Lived in assisted living; no family in state
- Current function: Dependent with ADL's and transfers; unable to maintain sitting balance; foley and bedpan; expressive aphasia; maximal assistance feeding

FOLK # 3

- 65 year old
- Acute right occipital CVA
- Supervision with ADL's; cooked with microwave; assist with finances
- Lives with granddaughter who works weekends
- Current function: Moderate assistance with ADL's, transfers and ambulation; ambulating 30 feet with rolling walker; alert and oriented x 3; follows commands; motivated; independent feeding after set-up; cath every 4 -6 hours; bedside commode



FOLK # 4



- 60 year old
- Acute right middle cerebral artery CVA
- Independent and working prior to Stroke; driving
- Lives with spouse who is retired
- Current function: Stand by assistance with ADL's; independent transfers; ambulating 150 feet without assistive device; alert and oriented x 3; minimal memory issues

POST ACUTE LEVELS OF CARE

- ACUTE CARE HOSPITAL

Initial care and stabilization 24-48 hours after stroke

*Therapy evaluations: OT self care, ST bedside swallow,
PT – mobility; NP – Cognitive changes*

*Nursing: prevent further medical/neurologic
complication through appropriate medication and fluid
administration;*

monitor skin condition, elimination and nutrition

POST ACUTE LEVELS OF CARE

- ACUTE REHABILITATION UNIT OR FREESTANDING REHABILITATION HOSPITAL

Medically stable

Needs 24 hour rehabilitation nursing supervision and physician care

Requires more than one therapy and can tolerate therapy for a minimum of 3 hours per day 5-6 days per week

Physical disability or cognitive impairment - Able to do 25-50% of the work

Potential for functional improvement and return to community

POST ACUTE LEVELS OF CARE

- LONG TERM ACUTE CARE HOSPITAL (LTACH)

*Complex medical needs – i.e. wound care, ventilator
Needs 24 hour rehabilitation nursing supervision and
physician care*

*Unable to participate in therapy or very low endurance –
1 to 2 hours per day*

*Physical disability or cognitive impairment - dependent
Expected length of stay 25 days*

POST ACUTE LEVELS OF CARE

- SUBACUTE REHABILITATION UNIT EITHER HOSPITAL BASED OR IN A SKILLED FACILITY

Medically stable

Needs 24 hour nursing supervision

Physician management available, but not onsite daily

Low endurance for therapy – 1 to 2 hours per day up to 5 days per week

Physical disability or cognitive impairment – dependent or able to do less than or equal to 25% of the work

POST ACUTE LEVELS OF CARE

- HOME HEALTH

Medically stable

Not needing 24 hour nursing supervision or physician care

Homebound except for physician appointments or church

Services available include: nursing, PT, OT, SLP, home health aides, social worker usually 2-3 visits per week

Physical disability or cognitive impairment – able to do 50-75% of the work

POST ACUTE LEVELS OF CARE

● OUTPATIENT THERAPY

Medically stable

Not needing 24 hour nursing supervision or physician care

Needs 1-2 therapies 2-3 days per week

POST ACUTE LEVELS OF CARE

- DAY TREATMENT

*2-3 therapies and groups 4-6 hours per day for 3-5 days per week
Physical disability or cognitive impairment – able to do 75% of the work.*

Requires groups for socialization and cognition in addition to therapies to address physical or cognitive impairments.

PLACEMENT FOR OUR FOLKS

- FACTORS
 - MEDICAL NEEDS
 - THERAPY NEEDS AND TOLERANCE
 - FAMILY SUPPORT
 - PATIENT MOTIVATION/PREMORBID SKILL LEVEL
- FOLK #1 ??
- FOLK #2 ??
- FOLK #3 ??
- FOLK #4 ??

COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF)

- STROKE SPECIALTY PROGRAM
- AVAILABLE SINCE JANUARY 2006
- MUST ALSO BE ACCREDITED WITH COMPREHENSIVE INPATIENT, BRAIN INJURY, HOME AND COMMUNITY BASED, CASE MANAGEMENT OR HEALTH-ENHANCED PROGRAM
- 14 ADDITIONAL STANDARDS

CARF ACCREDITATION

- SERVICES MUST FOCUS ON PREVENTION AND MAXIMIZING PARTICIPATION AND QUALITY OF LIFE
- PROGRAM MUST PROVIDE ONGOING ACCESS TO INFORMATION AND RESOURCES AVAILABLE
- ASSIST PERSONS SERVED AND FAMILIES/SUPPORT SYSTEMS TO ACCEPT RESPONSIBILITY FOR MANAGEMENT OF THEIR OWN HEALTH AND SUPPORT THEIR EFFORTS TO IMPROVE THEIR QUALITY OF LIFE.